

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09800646

FILING DATE

3-06-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5	1		1			
6	1		1			
7						
8	1		1			
9	1		1			
10	1		1			
11						
12						
13	1		1			
14	1					
15	1					
16	1					
17	1					
18	1					
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22	1		1			
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45						
46						
47						
48						
49						
50						
TOTAL IND.	11		11			
TOTAL DEP.	11		10			
TOTAL CLAIMS	22		21			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Best Available Copy